



Contractors Gross Receipts Gross Receipts Withholding Return

1.	Contract Awarded by: Agency <input type="checkbox"/> Prime Contractor <input type="checkbox"/>		
	Federal Identification Number (FEIN):		
	Name:		
	Address:		
	City:	State:	Zip Code:
2.	Contract Awarded to: Prime Contractor <input type="checkbox"/> Sub-Contractor <input type="checkbox"/>		
	Federal Identification Number (FEIN):		
	Name:		
	Address:		
	City:	State:	Zip Code:
3.	Government Issued Contract Number.....		
4.	Contract Award Date.....		____/____/20____
5.	Month and year increment payment earned.....		____/20____
6.	Gross amount due Prime contractor or sub-contractor at the time of this report.....		\$ _____
7.	Amount Withheld (1% of line 6) (If payment made to prime contractor from awarding agency, remittance must accompany this report).....		\$ _____
8.	Net amount paid Prime contractor or sub-contractor at the time of this report.....		\$ _____
9.	Check proper box for type of return being filed:		
	<input type="checkbox"/> Remittance attached for credit to prime contractor's account (amount paid).....		\$ _____
	<input type="checkbox"/> Sub-Contractor allocation.		
	Authorization to transfer credit to sub-contractor (amount to be credited).....		\$ _____
	Failure of prime contractor to file a distribution report within thirty (30) days of payment will result in a 10% penalty. Date payment made to sub-contractor.....		____/____/20____
10.	Description of work to be performed: _____ _____		
11.	Location of work to be performed (be specific): _____ _____		

The agency or contractor must, in accordance with Section 15-5-206, Montana Code Annotated, withhold one percent (1%) of incremental payments due the contractor or sub-contractor. Amounts withheld from a prime contractor must be forwarded with this report to the Department of Revenue. Amounts withheld from sub-contractors must be reported on this form so that proper allocation of credit can be made from prime contractor's account to the sub-contractor.

Return Submitted by Agency <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Sub-Contractor <input type="checkbox"/>			
Award Authorization			
Preparer's Signature:			
Preparer's Title:		Date:	
Phone:		Fax:	